

FEB 16 2006

Atty Docket No. 020375-042800US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner LEE, Diane I.

Group Art Unit 2876

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**FOR THE PERSONAL ATTENTION OF**  
**EXAMINER DIANE I. LEE**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of McGee, Christopher, et al., Application No. 10/665,984, filed September 19, 2003 for FINANCIAL PRESENTATION INSTRUMENTS WITH INTEGRATED HOLDER AND METHODS FOR USE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Rule 116 Amendment
2. Transmittal Form
3. Petition for Extension of Time (in duplicate)

Number of pages being transmitted, including this page: 17

Dated: February 16, 2006

  
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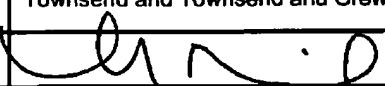
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/665,984
	Filing Date	September 19, 2003
	First Named Inventor	McGee, Christopher
	Art Unit	2876
	Examiner Name	LEE, Diane I.
	Attorney Docket Number	020375-042800US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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